209000 99581

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	·	
		·

Office Use Only



800271727278

04/20/15--01028--011 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DC.4/24

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: B-D-R-Title Company LLC Name of Limited Liability Company DOCUMENT NUMBER: L & 9 & & 4 9 9 9 5 8 1
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frank Prince Name of Person
Name of Firm/Company
9161 Narvoossee Roed #202 Address
Orlando FL 32827 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank Cince at (321) 243 6620 Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

